24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 4 FOR SE OF FORM 24/48					
AME OF COMMITTEE (In Full)							
SIERRA CLUB INDEPENDENT ACTION		C C00483693					
		O					
heck if 24-hour report 48-hour report New report Amends report filed on 48-hour report							
Full Name of Payee	D	Pate of Public Distribution/Dissemination					
Ariel Hayes		M = M / D = D / Y = Y = Y					
Mailing Address 50 F St, NW, 8th Floor	А	mount					
City State Zip	Code	71.22					
J		ransaction ID : SE.4222 Date of Disbursement or Obligation					
Purpose of Expenditure Salaries & Benefits	Type 001	03 / 31 / 2016					
Name of Federal Candidate	X Support Office S	ought: House District: 00					
CHRIS VAN HOLLEN	Oppose Pr	resident X Senate State: MD					
Calendar Year-To-Date	71.22 Disburse 2016	ement For: X Primary General					
Per Election for Office Sought	71.22	Other (specify) ▶					
Full Name of Payee Ariel Hayes		Date of Public Distribution/Dissemination					
		M M / D D / Y Y Y					
Mailing Address 50 F St, NW, 8th Floor	A	Amount					
City State Zip	Code	35.61					
		ansaction ID : SE.4237 Date of Disbursement or Obligation					
Purpose of Expenditure Salaries & Benefits	Type 001	04 / 15 / Y Y Y Y Y					
Name of Federal Candidate	X Support Office S	ought: House District: 00					
CHRIS VAN HOLLEN	Oppose Pt	resident X Senate State: MD					
Calendar Year-To-Date Per Election for Office Sought	106.83 Disburse 2016	ement For: Primary General					
		Other (specify) -					
(a) SUBTOTAL of Itemized Independent Expenditures	······	106.83					
(b) SUBTOTAL of Unitemized Independent Expenditures	······						
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Sarah Hodgdon [Electronicals	ly Filed] Date 04	20 2016					
Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly	FOR SE OF FORM 24/48						
	ME OF COMMITTEE (In Full) IERRA CLUB INDEPENDENT ACTION	FEC IDENTIFICATION NUMBER ▼						
3	IERRA GLUD INDEPENDENT ACTION	C C00483693						
		1-1						
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y						
٦	Full Name of Payee	Date of Public Distribution/Dissemination						
1	Ariel Hayes	M = M / D = D / Y = Y = Y						
1	Mailing Address 50 F St, NW, 8th Floor							
1		Amount						
	City State Zip Code	71.21 Transaction ID : SE.4238 Date of Disbursement or Obligation						
1	Washington DC 20001							
	Purpose of Expenditure Salaries & Benefits Category/ Type 001	04 / 15 / 2016						
	Name of Federal Candidate Support Office	e Sought: House District: 00						
	CHRIS VAN HOLLEN Oppose	President Senate State: MD						
		ursement For: X Primary General						
	Calendar Year-To-Date Per Election for Office Sought 178.04 DISDU 2016	Other (specify)						
	Full Name of Payee Ariel Hayes	Date of Public Distribution/Dissemination						
1	Mailing Address							
	Mailing Address 50 F St, NW, 8th Floor	Amount						
1	City State Zip Code	35.61						
1	Washington DC 20001	Transaction ID : SE.4239 Date of Disbursement or Obligation						
1	Purpose of Expenditure Salaries & Benefits Category/ 001	M M / D D / Y Y Y Y						
1	Salaries & Benefits 001 Type 001	04 30 2016						
1	Name of Federal Candidate Support Office	e Sought: House District: 00						
1	CHRIS VAN HOLLEN Oppose	President State: MD						
		ursement For: X Primary General						
1	Per Election for Office Sought 213.65	Other (specify)						
	(a) SUBTOTAL of Itemized Independent Expenditures	106.82						
	(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures							
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Sarah Hodgdon [Electronically Filed] Date 0	4 20 2016						
	Signature							

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	1 =/11 = 112.	1101120		PAGE 3 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER			
SIERRA CLUB INDEPENDENT ACTI	ON			C C00483693	٦		
Check if 24-hour report 48-hour report	New repo	ort Amends rep	oort filed or	M = M / D = D / Y = Y = Y			
Full Name of Payee Trey Pollard				Pate of Public Distribution/Dissemination			
Mailing Address 50 F St, NW, 8th Floor				M M / D D / Y Y Y	Y		
50 F 51, 1997, 6111 F1001			A	Amount			
City	State	Zip Code		89.12			
Washington	DC	20001		ransaction ID : SE.4240 Date of Disbursement or Obligation			
Purpose of Expenditure Salaries & Benefits		Category/ Type 001		M M / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y		
Name of Federal Candidate		X Support	Office S	ought: House District: 00)		
CHRIS VAN HOLLEN		Oppose		resident X Senate State: MD)		
Calendar Year-To-Date Per Election for Office Sought		302.77	Disburs 2016	ement For: X Primary Gene Other (specify) ▶	ral		
Full Name of Payee			[Date of Public Distribution/Dissemination	n		
Sway				04 06 2016	Y		
Mailing Address 4350 East West Hwy, Suite 350				Amount	_		
					\neg		
City Bethesda	State MD	Zip Code 20814	T	50000.00 ansaction ID : SE.4241	ال		
Purpose of Expenditure				Date of Disbursement or Obligation			
Digital ad buy and production for ad running betweer	า 4/6-4/23	Category/ Type 006	3	M M / D D / Y Y Y	Y		
Name of Federal Candidate		X Support	Office S	-			
CHRIS VAN HOLLEN		Oppose	P	resident X Senate State: MD)		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2016	ement For: X Primary Gene Other (specify) ►	eral		
•							
(a) SUBTOTAL of Itemized Independent Expenditure	S		▶	50089.12			
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		··· • [
(c) TOTAL Independent Expenditures			···· • [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized						
Sarah Hodgdon	[Electron	ically Filed] Dat	te 04	20 / Y = Y = Y = Y = Y = Y			
Signature							

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC'5 F9 DCFHZ G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: SE Transaction ID: SE.4241

On the 24-hour report, this line item does not autopopulate in the "Calendar Year-To-Date Per Election for Office Sought" amount box under the name of the federal candidate. Regarding this issue, we contacted the FECFile analyst and she noted that this may be an ongoing FECFile software issue and therefore not aggregating the total-- it is unclear whether the FEC team has fixed the tech problem or not. Nonetheless, we are submitting all the required information as usual.

Form/Schedule: Transaction ID: